

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/890227	FILING DATE	
						APPLICANT(S)		
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1		1				51		
2		1				52		
3		1				53		
4		1				54		
5		1				55		
6		1				56		
7		1				57		
8		1				58		
9		1				59		
10		1				60		
11		1				61		
12						62		
13						63		
14						64		
15						65		
16						66		
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18						68		
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36						86		
37						87		
38						88		
39						89		
40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL IND.		1				TOTAL IND.		
TOTAL DEP.		10				TOTAL DEP.		
TOTAL CLAIMS		11				TOTAL CLAIMS		